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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 31 1941

Registration District No. 10

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4485

State File No. 36258

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Schuyler
(b) City or town Queencity Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Schuyler
(c) City or town Queencity Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William M. Rhodes
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie M. Rhodes
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Aug. (Month) 30 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
72	1	19	hr. min.

9. Birthplace Kirksville Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business Same
MOTHER FATHER
12. Name William Rhodes
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Evelin Barr
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ella Lay
(b) Address San Diego Calif.
17. (a) Burried (Burial, cremation, or removal) (b) Date thereof Oct 22 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Myers Cemetary
18. (a) Signature of funeral director Wm H West
(b) Address Queencity Mo
19. (a) 10 21 1941 (Date received local registrar) (b) Oliver B Jones Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1941 hour 5:20 minute P. M.
21. I hereby certify that I attended the deceased from Oct 15, 1941, to Oct 20, 1941; that I last saw him alive on Oct 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Infiarctus of Myocardium Complicated with Bradycardia — Duration
Due to 162 D
Due to
Other conditions Edema of Lungs
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature N. L. Johnson (M. D. or other)
Address Lechmont Mo Date signed 10-21-41

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(Licensed Embalmer's Statement on Reverse Side)

NOV 4 1941

RECEIVED
District Health Officer No. 10
District File Number 10-41-1950
Date Filed OCT 30 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by My Self, Registered Apprentice No. ....., working under my personal supervision.

Signed Wm G West

Licensed Embalmer No. 2882

P. O. Address Queencity Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.